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showed an abatement, the former claiming 52, the latter 43 victims. Furthermore, there were registered 100 deaths from phthisis pulmonalis, 38 deaths from cancer, 4 deaths from diphtheria, 4 deaths from scarlet fever, and 13 deaths from measles. Finally, 7 persons died by violence.

GUATEMALA.

Report from Livingston, fruit port.

Acting Assistant Surgeon Peters reports as follows: Week ended June 27, 1904. Present officially estimated population, 3,500; 2 deaths; prevailing diseases, malarial. General sanitary condition of this port and the surrounding country during the week, good.

Bills of health were issued to the following-named vessels:

Date.	Vessel.	Number of crew.	Number of passengers from this port.	Number of passengers in transit.	Pieces of baggage disinfected.
June 20	Spero	15
20	Anselm	41	5

The steamship Anselm cleared from Puerto Barrios.

HONDURAS.

Report from Puerto Cortez, fruit port.

Acting Assistant Surgeon Carter reports as follows: Week ended June 28, 1904. Present officially estimated population, 2,125; no deaths; prevailing disease, malarial fever of mild type. General sanitary condition of this port and the surrounding country during the week, good.

Bills of health were issued to the following-named vessels:

Date.	Vessel.	Number of crew.	Number of passengers from this port.	Number of passengers in transit.	Pieces of baggage disinfected.
June 23	Anselm	41	3	5	0
23	Habil	15	1	0	0
24	Hiram	14	0	0	0
27	Bratten	15	0	0	0

Number of aliens sailing from this port during the week, 1.

INDIA.

Report from Bombay—Decline in mortality from plague—Prophylactic inoculation against plague.

Acting Asst. Surg. Edward H. Hume reports, June 4, as follows:

Mortality of Bombay City, week ended May 31, 1904.

	Week ended May 31, 1904.	Same week last year.
Plague attacks	118
Plague deaths	109	186
Plague mortality per 1,000	7.30	12.46
Smallpox deaths	16	44
Cholera deaths	0	0
Total deaths	578	690
Total mortality per 1,000	38.73	46.23

You will thus see that plague is at a lower ebb than in any previous week since January 1. We have reason to believe that by the end of June the mortality will be still lower. Continuing the summary given in my letter of April 14, 1904, I give you below a weekly summary of plague deaths and total deaths since May 1, 1904.

Weekly mortality of Bombay City, April and May, 1904.

Week of—	Plague deaths.	Plague mortality per 1,000 per year.	Total deaths.	Total mortality per 1,000 per year.
April 5	1,135	76.05	1,785	119.61
April 12	811	54.34	1,346	90.19
April 19	633	42.41	1,197	80.21
April 26	532	35.64	1,066	71.43
May 3	471	31.56	994	66.60
May 10	324	21.71	842	56.42
May 17	243	16.28	712	47.71
May 24	160	10.72	686	45.96
May 31	109	7.30	578	38.73
Total	4,418	9,206

In other words, the plague mortality is less than one-tenth of what it was two months ago, and the total mortality less than one-third.

I have to announce the death, on June 3, of Capt. H. M. Moore of the Indian medical service, the surgeon in charge of St. George's Hospital in Bombay. This is the only hospital for Europeans in the city, and Captain Moore had been in special charge of this for some time. There were a number of plague cases in his care. His illness lasted two weeks, confirming what was said in my abstract of Captain Tucker's paper on "Plague—a soil infection," sent you on May 26, i. e., that late in the epidemic, cases of plague are apt to be protracted for a much greater number of days than earlier in the epidemic, when any case which lasted over five days would be ordinarily considered hopeful. I have written to inquire whether Captain Moore had ever been inoculated, but have received no reply. The deceased, in addition to his hospital duties, was professor of *Materia Medica* in Grant Medical College, Bombay.

In spite of the proved efficacy of prophylactic inoculation against plague, so much hindrance has been experienced in its introduction that it has seemed in some places as if there were doubt about it. I therefore quote Professor Haffkine's last statement on the matter, published April 21, 1904.

Professor Haffkine's statement as to inoculation.

The position of antiplague inoculation, as worked out in this laboratory (the Plague Research Laboratory in Bombay) in relation to other measures suggested and tried against the plague, has been described in the Punjab government's memorandum to the government of India, No. 567—S. P. of June 30, 1902. The document states as follows:

"The segregation of patients and contacts under the conditions which are essential to the success of the measure is now entirely out of the question.

"Evacuation, though it may check an outbreak in a particular locality, is not a measure which will be of assistance in checking the extension of plague from one locality to another.

"Disinfection also is a measure that can not be efficacious in checking plague. There remains then only inoculation, and it is extremely fortunate that the experience which has been gained of its effects and the practicability which has been

proved in the Punjab of inducing the people to submit to it extensively in anticipation of an outbreak of plague point to inoculation as a measure on which we are justified in placing considerable hope and reliance.

"Inoculation is the only measure that Government can hope to induce the people to adopt effectively on a scale at all adequate to the requirements of the situation.

"Inoculation can be brought within the reach of those whom we have to protect from plague at an expenditure of a little more than an anna and a quarter (i. e., 2½ cents) per head of population of the infected districts.

"The measure of inoculation now proposed holds out a promise that for the not immoderate expenditure of 864,000 rupees (\$280,281.60), the calamity under which the Punjab suffers may be immediately alleviated, while the extension of the disease may be stayed and the serious consequences which must follow on its extension may be obviated. This is a promise that no other measure, which is at present practicable, holds out to us.

"Government is aware that the above were the considerations which guided me when introducing in 1897 the plague prophylactic inoculation as the measure for combating the plague epidemic. As there was at the time universal opposition to these views, I had to take upon myself to make the following prediction: 'On analyzing the nature of the things, there remains no possibility of doubt that the programme contained in the above lines' (i. e. my suggestion of modifying the segregation-disinfection plan in favor of those who underwent antiplague inoculation) 'will be adopted universally, though after a more or less prolonged expenditure of effort in many other directions, and after being lamentably retarded by the prevalent divergence of views.' (Memorandum of June 21, 1898.)

"Notwithstanding the many difficulties which the general adoption of this inoculation as the specific method of combating the epidemic has met with so far, I have no doubt that such an adoption will ultimately take place." (Quoted from Report of Plague Research Laboratory, April 21, 1904.)

There can be no question in the minds of those who study the reports of inoculation, that the great reduction in mortality effected by the prophylactic makes it promise to be the only effective method of combating plague.

I inclose a statement just published by Capt. S. B. Smith, of the Indian medical service, concerning the results of inoculation in the District of Amritsar, in the Punjab, North India, about 1,000 miles by rail from Bombay. Captain Smith is the district plague medical officer.

Inoculations in the Amritsar district, Punjab.

Report of Capt. S. B. Smith, of the Indian medical service.

The population of the district is 1,023,828. Plague cases, October 1, 1902, to June 20, 1903, 41,462; plague deaths, October 1, 1902, to June 20, 1903, 27,879, giving an annual rate per thousand as follows: Cases, 40.5 per thousand; deaths, 27.2 per thousand.

Whether as the result of previous year's operations and methods of compulsory evacuation, disinfection, etc., or not, the general idea pervading the whole district was that the occurrence of a case of plague in the house was but the precursor of other evils to the inmates and to the village itself in the shape of Government interference, which would be averted only if the case could be successfully concealed. As long as the patient lived this could often be done, and it was only on death supervening that the case came to light and was reported. The proportion of deaths to cases is certainly, therefore, too high. In many instances villages have returned the same number of deaths as cases, making the case mortality 100 per cent.

The total number inoculated was 62,773, rather more than 6 per cent of the total population. Of these, 43,619 were males and 19,154 were females. In this number there occurred 770 cases of plague with 238